

## OFFICE OF REVENUE COMMISSION

## PEDDLER'S APPLICATION

FY 2	2011 ONLY
	Hopi
	Other

Address:	City:		State:	Zip:
Telephone:	Fax		Email:	
Date of Birth:	Норі	Enrollment l	No	_
Types of Goods to be Sold:				
Make/Model:	Lio	cense Plate N	D:	Year:
1. Has your Hopi Business License e If yes, what was the reason(s):	ver been revoked? Yes:	No:	Suspended?	
2. Ordinance No. <u>12:</u> Food Han	nders Card Expiration D	ate:		_
inquiring about business related activ  In accordance with Ordinance No. 17,		3.1©; I, hereb	y agree annual repo	rts shall be
Licensee's business on the Hopi Reser regulations applicable on the Hopi Re business activity until my application information is true and correct to the	evation. I agree to come servation, be it Federal is approved and a licens best of my knowledge, a	nply with Ordi or Community e is issued. and any false i	nance No. 17 and al y Policies and I will I hereby certify than nformation made by	nd operation of the l business not conduct any at the above me will lead to
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